

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
TEXAS STATE BOARD OF EXAMINERS OF
MARRIAGE AND FAMILY THERAPISTS
Application for LMFT-Supervisor Licensure**



Checklist

All Applicants:

- _____ Complete, Signed Application
- _____ Application Fee (check, money order). See 22 TAC 885.1 for a list of the fee amounts.
- _____ Official Transcript showing conferral of degree—must be sent to board by university/sealed envelope from university

OR

- _____ Proof of completion of course in supervising mental health professionals meeting requirements.

Please include your name (or file number) legibly on ALL documents. Submit all documents with application, if possible. If you have applied online, please attach supporting documents electronically to online application. Transcripts, verifications of licensure, and official exam scores must be submitted in an unopened envelope or emailed directly from the school/issuing authority to the Board.

**Mail to:
TX BHEC TSBEMFT
333 Guadalupe 3-900
Austin, TX 78701**

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
TEXAS STATE BOARD OF EXAMINERS OF
MARRIAGE AND FAMILY THERAPISTS
APPLICATION FOR LMFT-SUPERVISOR SPECIALTY RECOGNITION**



PLEASE PRINT OR TYPE: (Full name must match government-issued photo identification)

I. Applicant Information

Last _____ First _____ Middle _____

Texas LMFT License # _____ Rank date: _____ Exp Date: _____

Other names used/on transcript _____

Social Security No. _____ Date of Birth: _____

Home/Mail Address: _____

City _____ State _____ ZIP _____

Home Phone No.: _____ Personal email: _____

Other Licensure

List all marriage and family therapist and/or other professional licenses/certifications that you hold or have EVER held in any jurisdiction. Include a separate sheet if needed. **Verification of any professional license is required prior to issuance of the LMFT Associate license, e.g., nursing license, teaching certification, medical license, etc.**

Professional License Held/Expiration Date	License Number	Issuing Board / State
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Professional License Held/Expiration Date	License Number	Issuing Board / State
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I am requesting that the board consider (check all that apply) _____ examination scores _____ supervised experience _____ previous licensed experience in other jurisdiction.

II. ACADEMIC REQUIREMENT: Please check the appropriate statement.

I have completed:

_____ A course in my graduate program for Marriage and Family Therapy that satisfies the requirements. **(Please submit official copy of transcript.)**

_____ A one semester graduate course from a regionally accredited institution in supervision of mental health Professionals. **(Please submit official copy of transcript.)**

_____ An equivalent course of study which meets requirements. **(Please provide documentation.)**

_____ I am currently designated as an approved supervisor or supervisor candidate by the American Association for Marriage and Family Therapy (AAMFT). **(Please provide documentation.)**

Applicant Name: _____

Application for LMFT-Supervisor

III. LICENSED EXPERIENCE

Since being licensed as a marriage and family therapist, how many hours of **direct client contact** in the practice of marriage and family therapy have you provided? Number of hours: _____

Where did the experience occur?

- a. Begin date: _____ End date: _____
 Number years/months: _____
 Name/address/phone number of agency: _____

- b. Begin date: _____ End date: _____
 Number years/months: _____
 Name/address/phone number of agency: _____

- c. Begin date: _____ End date: _____
 Number years/months: _____
 Name/address/phone number of agency: _____

- d. Begin date: _____ End date: _____
 Number years/months: _____
 Name/address/phone number of agency: _____

- e. Begin date: _____ End date: _____
 Number years/months: _____
 Name/address/phone number of agency: _____

STATEMENT

All information provided on this form is truthful.

Signature

Date